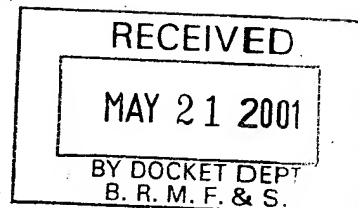


RECEIVED
JUN 3 2004
GROUP 3600

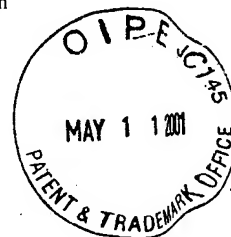
Title: REMOTE ACCESS VERIFICATION ENVIRONMENT SYSTEM AND METHOD
Serial No.: 09/612,476 Docket No: 10407/374
Filing Date: 7/7/2000
Applicant(s): Anthony Fontaine, et al.
Express Mail No.: EL588251486US Date Mailed: 5/11/2001

Assistant Commissioner for Patents
Initial Patent Examination Division
Washington, DC 20231
Attn.: Mail Room



To the individual receiving this correspondence, please check the contents enclosed herewith and verify that the following items were enclosed by date stamping, including serial number, and placing this post card in the out-going mail. Thank you.

- ✓ Request Under 37 C.F.R. 1.21(L) for Retention of Abandoned Application
- ✓ Transmittal Form (PTO/SB/21))
- ✓ Fee Transmittal for FY 2001 (PTO/SB/17)
- ✓ Our Check No. 1781 in the amount of \$2,020.00
- ✓ Petition for Extension of Time Under 37 CFR 1.136(a) (PTO/SB/22)
- ✓ Return Receipt Postcard



POST OFFICE TO ADDRESSEE



EL588251486US

EL588251486US

Custom Copy
Label 11-F
July 1997

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 90067	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in Mo Day Year 5 11 01	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$12.25
Time in Mo Day Year 5 11 01	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. 2.5 ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials JN	Total Postage & Fees \$12.25

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No. X900234

Federal Agency Acct. No. or
Postal Service Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ()

BROWN RAYSMAN
MILLSTEIN FELDER STEINER LLC
1880 CENTURY PARK E STE 711
LOS ANGELES CA 90067-1624

RLK:elm/10407/374

TO: (PLEASE PRINT)

PHONE ()

Assistant Commissioner for
Patents
Attn: Initial Patent
Examination Division
Washington, DC 20231

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/612,476
	Filing Date	July 7, 2000
	First Named Inventor	Anthony Fontaine
	Group Art Unit	2761
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	10407/374

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Letter re Section 1.21(I)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brookw W. Quist Brown Raysman Millstein Felder & Steiner LLP
Signature	<i>Brook W. Quist</i>
Date	5/11/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 5/11/01			
Typed or printed name	Brooke W. Quist		
Signature	<i>Brooke W. Quist</i>	Date	5/11/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/612,476
Filing Date	July 7, 2000
First Named Inventor	Anthony Fontaine
Examiner Name	
Group Art Unit	2761
Attorney Docket No.	10407/374

TOTAL AMOUNT OF PAYMENT (\$) \$2,020.00

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	02-4270
Deposit Account Name	Brown Raysman Millstein Felder & Steiner LLP

☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) \$0.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	\$0.00
Multiple Dependent Claims	-3** =	X	\$0.00

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 80	202 40	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 80	209 40	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	1890
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			130

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) \$2,020.00

SUBMITTED BY

Name (Print/Type) Brooke W. Quist

Registration No. 45,030
(Attorney/Agent)**Complete (if applicable)**

Telephone (310) 712-8300

Signature

Brooke W. Quist

Date May 11, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 10407/374
In re Application of Anthony Fontaine, et al.		
Application Number 09/612,476		Filed 7/7/2000
For REMOTE ACCESS VERIFICATION ENVIRONMENT SYSTEM AND METHOD		
Group Art Unit 2761		Examiner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>1,890.00</u>

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4270.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

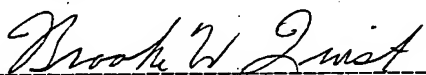
☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a):
Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

5/11/01

Date



Signature

Brooke W. Quist

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Security enhanced document. See back for details.

1781

16-1606/1220 19

DATE 5-10-01 \$ 2,020.00

PAY TO THE ORDER OF U.S. Patent & Trademark Office

Two thousand twenty and 00/100 DOLLARS

CITY NATIONAL BANK
CENTURY CITY
1800 Century Park East 310-888-0850
Los Angeles, CA 90067

FOR 5710. Extension & Retaining abandoned app.

10407-374 110017811 1220160661: 0191140937611

MP